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CONFIRMATION NO. 2710

SERIAL NUMBER 10/099,822	FILING OR 371(c) DATE 03/16/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO.
APPLICANTS Sheldon S. Chang, Port Jefferson, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED <input checked="" type="checkbox"/> SMALL ENTITY <input checked="" type="checkbox"/> ** 04/12/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 15
INDEPENDENT CLAIMS 2				
ADDRESS 23869				
TITLE Device for cardiac restoration				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		